

# **EXHIBIT 4**

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December 16, 2009

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<p>1 BOARD MEETING OF IRREGULAR BEHAVIOR 2 COMMITTEE OF SCORE VALIDITY 3 RE: MATHEW THOMAS, JR. 4 5 Wednesday, December 16th, 2009 6 7 8 9 10 11 Transcript of Board Meeting 12 of Irregular Behavior, held at the offices of 13 the National Board of Medical Examiners, 3750 14 Market Street, 2nd Floor, Philadelphia, 15 Pennsylvania 19104, commencing at 2:05 p.m., on 16 the above date, before Joseph P. Dromgoole, a 17 Professional Reporter and Notary Public in the 18 Commonwealth of Pennsylvania. 19 20 21 22 CAMBRIDGE LEGAL SERVICES, LLC. 23 1436 Lombard Street 24 Philadelphia, Pennsylvania 19146 (215) 732-0800</p>	<p>1 APPEARANCES: 2 BOARD OF IRREGULAR BEHAVIOR and 3 COMMITTEE ON SCORE VALIDITY 4 GERALD P. WHELAN, M.D., Chairman 5 N. STACY LANKFORD, M.D., Member 6 JOSEPH P. GRANDE, M.D., Member 7 GERALD DILLON, Ph.D., Member, NBME 8 JANET CARSON, ESQUIRE, Counsel to the Board 9 STEPHEN SEELING, ESQUIRE, Member, ECFMG 10 SUSAN DEITCH, Office of the Secretary 11 AILEEN SALUS, Office of the Secretary 12 13 14 15 16 17 18 19 20 21 22 23 24</p>
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<p>1 DR. WHELAN: Thank you for 2 appearing before the Committee. And I 3 apologize for the delay. Everybody -- 4 DR. THOMAS: No problem. 5 DR. WHELAN: -- has had their 6 full chance to address the Committee, so we 7 got a little bit behind. 8 DR. THOMAS: No problem. 9 DR. WHELAN: At the outset I 10 want to clarify that the purpose of this 11 committee is solely to determine the validity 12 of the scores on your recent examination. 13 DR. THOMAS: Okay. 14 DR. WHELAN: So I'm going to 15 introduce myself and everybody in the room, 16 the staff and the committee members. We will 17 then have you sworn in by the court reporter 18 so that your testimony will be under oath. 19 Then we'll ask Susan Deitch to read a summary 20 of the concerns regarding your score and then 21 at that point you will have the floor and 22 you'll be able to address the Committee. 23 DR. THOMAS: Okay. 24 DR. WHELAN: After that we may</p>	<p>1 have some questions for you and you'll have a 2 chance to make a final summary statement and 3 then after you leave we'll discuss and come 4 to a determination and notify you as soon as 5 possible. Okay? 6 DR. THOMAS: Okay. 7 DR. WHELAN: All right. My 8 name is Gerri Whelan. I'm the chair of the 9 committee. 10 DR. GRANDE: I'm Joseph Grande 11 from Minnesota, member of the committee 12 DR. LANKFORD: Stacy Lankford 13 from Indiana, also a member of the committee. 14 DR. DILLON: I'm Gerri Dillon. 15 I'm a staff member with the National Board of 16 Medical Examiners. 17 MR. SEELING: Good morning. 18 I'm Steven Seeling, staff member with ECFMG. 19 MS. CARSON: I'm Janet Carson, 20 counsel for the USMLE program. 21 MS. DEITCH: Susan Deitch, 22 office of the secretary. 23 MS. SALUS: Aileen Salus, 24 office of the secretary.</p>

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<p>1 DR. CASEY: Catherine Casey 2 from Washington D.C. 3 DR. THOMAS: Mathew Thomas. 4 Whereupon, MATHEW THOMAS, JR., 5 M.D., was duly sworn and testified as 6 followed: 7 DR. WHELAN: Susan, please. 8 MS. DEITCH: The USMLE program 9 has established rules to govern the 10 administration of the examinations to ensure 11 that no examinee or group of examinees 12 receives unfair advantage on the examination, 13 inadvertently or otherwise. The Bulletin 14 further notes that those rules include 15 standard test administration conditions 16 consistent with the principles on which the 17 examinations are developed and scored. For 18 example, examinations are designed to sample 19 knowledge across specified content domains, 20 and unauthorized access to examination 21 content prior to testing violates that 22 principle. Scores may be classified as 23 indeterminate if the scores are at or above 24 the passing level and the USMLE program</p>	<p>1 cannot certify that they represent a valid 2 measure of an individual's knowledge or 3 competence as sampled by the examination. 4 The sponsoring organizations of 5 the USMLE program have filed suit in federal 6 court alleging copyright infringement by 7 Optima University, a provider of USMLE review 8 courses. The Complaint sets forth the 9 specific allegations with respect to the 10 unauthorized copying, reconstruction, and 11 distribution of copyrighted USMLE test 12 questions and answers. While the 13 investigation into this matter is ongoing, 14 information is available that, over a period 15 of years, secure USMLE test materials have 16 been made available to participants in the 17 Optima courses. This information raises 18 concerns regarding the validity of the 19 passing level scores obtained by individuals 20 who were involved with the Optima courses 21 prior to testing. 22 In letters dated July 27th and 23 September 15th, 2009 Dr. Mathew Thomas was 24 advised about the evidence of Optima's</p>
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<p>1 unauthorized access to, and reproduction and 2 dissemination of, USMLE test materials and 3 the evidence of his involvement in Optima 4 review courses. He was further advised that 5 this information raises concerns about the 6 validity of the passing level scores reported 7 to him for the Step 2 CK taken in December 8 2007. 9 Information regarding 10 Dr. Thomas' performance on Step 2 CK is found 11 in your agenda books. 12 Dr. Thomas has requested the 13 opportunity to appear in person before the 14 Committee on Score Validity. Following 15 consideration of all the information 16 presented to it, the Committee will determine 17 whether Dr. Thomas' Step 2 CK scores can be 18 certified as representing a valid measurement 19 of his competence in the domains assessed by 20 Step 2 CK or whether to classify his Step 2 21 CK scores as indeterminate. 22 DR. WHELAN: Thank you. All 23 right, Dr. Thomas. 24 DR. THOMAS: All right. Just a</p>	<p>1 little background. I had gone to Optima 2 University in November because a -- a friend 3 of friend actually had gone to the gym which 4 -- which was outside of the building and saw 5 signs. 6 I have done every review course 7 out there. I did PASS program. I did 8 Kaplan, Northwest Medical Review, plus I work 9 for Kaplan. I work for Kaplan as a CS 10 instructor on the side, so when I saw the 11 sign for Optima there was one catch there 12 that said guaranteed passing. And I had went 13 to check out the course. At this point I had 14 tried everything else. When I -- 15 DR. WHELAN: Just to clarify, 16 was that November of '07? 17 DR. THOMAS: '07, yes. 18 DR. WHELAN: Okay. 19 DR. THOMAS: So at that time I 20 went to the course. I saw the instructor 21 that was there. I talked to some students 22 there. The students all told me that it's -- 23 it's a good course. It's the environment 24 that's good. Pretty much you're put in</p>

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<p>1 little cubicles and you're required to be 2 there from 7:00 a.m. to 10:00 p.m. every 3 day. It is the structure that I needed at 4 the time. I was working before. I put the 5 work to the side. And I was there for 6 approximately four-and-a-half to five weeks. 7 It was around the holiday time, so the 8 holiday times I was not available to go to 9 the course. 10 I took the exam on December 11 31st, 2007, having failed the test prior, I 12 believe July 27th earlier that year. 13 From my experience there, what 14 I gained from the course was basically the 15 environment to sit and study. All my 16 distractions were taken away. I didn't deal 17 with stuff at home. I wasn't trying to 18 work. Prior to that I was trying to do my 19 masters while studying for the boards, which 20 wasn't helping me any. So I was just focused 21 for the four-and-a-half weeks I was there. I 22 was around other colleagues who were also 23 studying for the same board exam. We did 24 have group discussion on topics that were</p>	<p>1 either strong for me or strong for them, so 2 we helped each other. 3 I didn't have too much exposure 4 to the bank that they say. I was more 5 focused on learning the material with other 6 students who were stronger. If you look at 7 my USMLE scores -- you -- you were given the 8 list. I have failed it five prior times, 9 each time successfully improving my score. 10 The last time I took it in July I pass -- I 11 failed it by one point. I got a 182/74. And 12 each of my score reports, if you look at the 13 scoring in the back my weakest area 14 consecutively each time was OB/GYN, was 15 never -- and I -- I started onto the left 16 each time (indicating). Only in '06 I was 17 little away from the star, but still it was 18 my weakest of all (indicating). So OB/GYN 19 became my focus when I went to -- went to 20 Optima. 21 It was actually what I was told 22 was his -- his best lecture because the way 23 he broke down questions and the way that he 24 told us how to -- the theory behind it became</p>
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<p>1 stronger for me. And the individuals that I 2 studied with, they taught me different ways 3 of looking at OB/GYN instead of the very 4 basic, straightforward, you know, these are 5 the diseases and these are the -- the 6 infections that you get. It was just 7 different in the approach of dealing with 8 OB/GYN. 9 That in itself would have 10 gotten me a pass from the last 174/182 just 11 by improving in that one subject matter. If 12 you look at the -- the break-down in each of 13 my -- in each of my score reports that was 14 the one that went up significantly compared 15 to the others. The others shifted a little 16 bit, but nothing too tremendous. 17 So given that the accusations 18 against me today claim that the -- the 19 questions that were used against me -- the 20 questions that were used in scoring my score 21 report, when I asked Ms. Carson here, she 22 told me that 288 questions out of the entire 23 exam were used in scoring my -- my test and 24 of those 32 percent were considered exposed.</p>	<p>1 Now the term exposed, when I asked her she 2 says that there was knowledge that Optima 3 University had access to forms of the exam 4 prior to my test in 2007. 5 In 2007 he was predominately a 6 Step 1 course (indicating). His Step 2 7 course was very skeletal in the amount of 8 questions he had in his bank and the amount 9 -- the type of questions he had in his bank. 10 So for me -- and this is why I -- I brought 11 it up to Ms. Carson, to say that I had access 12 to questions that were in the forms because 13 she says that he had access to them doesn't 14 necessarily mean that I had them in my bank. 15 He had actually increased his Step 2 bank in 16 March of 2008. He added, if I'm not 17 mistaken, somewhere between 500 and 700 18 questions. So I don't know if the forms -- 19 the questions that she claims that was 20 exposed in my bank came into his bank after I 21 was there. I don't know if they were before 22 I was there, but I do know that on my 23 personal test, and this I -- I wrote in my 24 e-mail to them, was that less than ten</p>

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<p>1 percent, I would say less than 20 questions 2 are questions that seem something that I 3 caught off guard, that may have been similar 4 to either an USMLEWorld question, or an NBME 5 assessment question, or a Kaplan Qbank 6 question, by far less than ten percent. So 7 when she told 32 percent in essence she's 8 telling me that 90 plus questions were on my 9 exam that I should -- I have had exposure to, 10 which I do not qualify in any which way and 11 under oath.</p> <p>12 Now, the percentage that they 13 claim I received right on that was 84 14 percent. 84 percent, meaning that 77 out of 15 the 92 questions I got right. They decided 16 to compare that against the control group, so 17 I received 75 percent of those questions 18 right. In essence they're saying that the 19 control group had 69 questions right. The 20 difference being they claim in this exposed 21 group I had gotten eight more questions 22 correct than the average individual, eight 23 questions being one question per block, 24 nothing that I find to very significant, but</p>	<p>1 according to the NBME it is.</p> <p>2 So we go to the flip side. The 3 flip side of that is the unexposed questions, 4 our 68 percent. Approximately of the 288 5 questions that were used in scoring me they 6 say that 195 questions were unexposed or 196 7 if you round up. Of those I got 66 percent 8 correct, which is about 129 questions. 9 They're claiming that the control group had 10 75 percent, which is about 146 questions, a 11 difference of about 17 questions. So they're 12 saying that the control group got 17 more 13 question -- 17 questions more correct than I 14 did on the overall exam. If you take the 15 difference between the two, the eight more 16 that I got in the exposed versus the 17 more 17 they got we're looking at a difference of 18 about nine or ten questions. Nine or ten 19 questions means 1.1 or 1.12 per block is why 20 they're saying that I need to validate my 21 exam.</p> <p>22 Does anyone have questions 23 about the math? 24 DR. GRANDE: Actually the</p>
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<p>1 difference would be 25 because it's plus 8 2 minus 17.</p> <p>3 DR. THOMAS: But the plus 8 and 4 the minus 17 would give you a difference of 5 9.</p> <p>6 DR. DILLON: 25 actually. 7 DR. THOMAS: How do you get the 8 25?</p> <p>9 DR. DILLON: You didn't count 10 the directions or the differences. Also I 11 think it's important that the reason we 12 provide this information -- I think a key 13 piece of this is -- the reason we give you 14 the comparison group information is to give 15 you a sense for how unusual your difference 16 is relative to other people. So, for 17 example, your performance of having people 18 from 18 percent higher than exposed than 19 unexposed, when you compare the comparison 20 group almost no one had a difference that was 21 that large. I think that was really the 22 message behind this information.</p> <p>23 DR. THOMAS: And I could -- I 24 can understand that, which is why I had asked</p>	<p>1 Ms. Carson if I could get some kind of 2 statistical analysis to show what the 3 question basis was. That was a big major 4 thing to me. For me I'm here at a hearing 5 with the court reporter. I was allowed to 6 have counsel. I'm being sworn under oath. 7 And I said give me some discovery as to the 8 data against me so that I can see what 9 you're -- you're going by and she said to me, 10 and quote if I'm wrong, she said that this is 11 not a statistical analysis, this is an 12 observation. These are observations made by 13 individuals in the National Board. I asked 14 her for their qualifications. She said we 15 don't check their CV. I said let me get 16 information for the board. I'll contact them 17 to find out their qualification and she says 18 we're not going to give that information to 19 you.</p> <p>20 For me if you had stratified 21 and told me, well, you know what, on the 22 exposed versus the unexposed, medicine, 23 OB/GYN, surgery, peds and psych, these are 24 the type of questions, and by far you're --</p>

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<p>1 everything is equal across the board -- 2 across the board you -- you had scored lower 3 or higher I could see. Infectious disease by 4 far is my worst subject. Now, if you're 5 going to tell me that all the exposed were 6 not infectious disease and they were part of 7 the unexposed then that would account for my 8 lower score. In the same way if my exposed 9 was all psych, which is by far my undergrad 10 degree, as well as my -- my most high 11 score -- consecutively in all my scores then 12 it would make sense that I have a higher 13 percentage in my exposed. Without that 14 information I don't think it's fair for me to 15 defend myself. And when I asked for the 16 stratification she said, again, this is not a 17 statistical analysis, this is an 18 observation. So that's one thing. 19 Now, the thing that kept being 20 brought up to me was the fact that we're 21 going against a control group, a control 22 group of 1,160, if I'm not mistaken, 1,162 23 people. 99 percent is almost a P value of 24 .01, meaning this is like by far a perfect</p>	<p>1 (sic). That is comparing me against the 2 average. Every average is going to have a 3 high, it's going to have a low. I've not 4 been told where I fall in this. I'm not 5 being told that every single person below -- 6 is below me. I'm not being told that there's 7 certain people above me, and if there are 8 certain people above me are they being 9 questioned also. 10 Now, the point here is that 11 they're saying that I was exposed to certain 12 questions based on the fact that he may or 13 may not have, and again, this is alleged, 14 again, according to the paperwork that was 15 filed in the courthouses, that it was alleged 16 that has done certain things. They have yet 17 to prove that case, they have yet to win that 18 case. So now me and any other student who 19 sits here is being found guilty before 20 they're found -- before they're found 21 innocent. And on top of that, too, in any 22 court in America it's the burden of the 23 prosecution to prove that you're guilty, not 24 the defendant to prove himself.</p>
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<p>1 MS. CARSON: I would add, this 2 is not a criminal procedure and it's not a 3 civil procedure. 4 DR. THOMAS: And I understand 5 that but when you're -- when I'm put on the 6 spot like this and without giving any 7 specific information it's very hard for me to 8 defend myself. And that's what I'm saying. 9 And like I said, if you just look at my score 10 reports OB/GYN has always been my weakness. 11 OB/GYN was by far the best lecture that was 12 given at Optima. OB/GYN is what I focused on 13 for four-and-a-half weeks, because I knew I 14 could pass the exam because I got 74 the time 15 prior, four months before that. And by -- 16 just by improving my OB/GYN I increased my 17 score. 18 Now, I can't -- I can't account 19 for the numbers that were given in terms of 20 32 percent. I can't account for the exposed 21 or the unexposed. And even in the time 22 session, the times that were given to me was 23 on the exposed questions 59 seconds versus 73 24 seconds on the unexposed. Again, three</p>	<p>1 things that bother me in this, one, I'm not 2 told the type of questions. I remember on 3 this test I had one infectious disease 4 question where I stared at it for four 5 minutes, literally sitting there staring at 6 it because I have no idea what to do with 7 it. Obviously if that falls in the unexposed 8 it's going to increase my time. If it 9 falls -- and then I have psych questions that 10 are really fast. I know psych like the back 11 of my hand. I see a question, I don't need 12 too much time. I know the answer real quick 13 and I move forward. If those are all my 14 exposed questions it's going lower my time. 15 So for me I'm not being given 16 enough data here to be able to solidly tell 17 you why my times are different or why they're 18 not different, but I can say with firm -- 19 firmness that at the end of every block I was 20 rushing, at the end of every block they were 21 certain -- maybe three, four, five questions 22 where I picked a letter and just flew through 23 it to finish on time and if those all fall 24 underneath the exposed or the "exposed" then</p>

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<p>1 obviously the time I took on those questions 2 are going to be far less than ten or 15, 20 3 seconds because I am rushing through it. 4 So I guess my bottom line here 5 is very simple, I went to Optima University. 6 I've yet to deny that. I went there and I 7 passed because I -- I perfected my OB/GYN. I 8 went there and I went over material in terms 9 of theory with people who understood 10 OB/GYN better. I was in the course for less 11 than five weeks, literally -- November 15th 12 is when I found out about the course. I went 13 into the course and I started -- I was there 14 every morning from 7:00 a.m. to 10:00 p.m., 15 first one in, last one out. I focused on my 16 material. I was out for Thanksgiving. I was 17 out for Christmas and New -- and on New 18 Year's was out, but that whole holiday week I 19 was practically -- I was -- I was in and out 20 with family. So the amount of time that I 21 was actual at Optima is very minimal for this 22 test exactly -- specifically. 23 And I can account -- like I 24 said, there is no way that 32 percent of</p>	<p>1 these questions are questions that I saw. 2 It's impossible. Under oath I can say it 3 here. I can say it and sing it to the stars 4 come down, but it's impossible. I did admit 5 there was maybe 20 percent -- I mean ten 6 percent, around 20 questions that I felt that 7 they seemed similar to other questions I've 8 seen elsewhere, but I cannot pinpoint it, if 9 it was Optima, or World, or even the NBME 10 self-assessment questions, because students 11 from all over -- NBME assessment questions 12 come out word for word on the test. And 13 that's something that can be asked by any -- 14 just take a survey after the test. There's 15 five -- four NBME or five NBME self 16 assessment tests and of those they are 17 questions that come out word for word and 18 either the answer changes a little bit or the 19 answer stays the same and the question 20 changes a little bit, but the same theory is 21 there. 22 In terms of exposed material, 23 if you look at First Aid, First Aid says that 24 they come out with their -- their -- their</p>
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<p>1 topics in First Aid based on students coming 2 back and telling them about the exam. 3 Dr. Goljan from Kaplan and now from Falcon, 4 in his audio he says in the first hour his 5 100-page notes are questions and theories 6 that come out from students who come and tell 7 him what was on the test. Is every single 8 one of those students being brought here on 9 score validity, every student who went to 10 Kaplan or Falcon? No, they're not. So I 11 don't know where the theory becomes -- comes 12 out because of Optima. I don't know what the 13 personal or -- or the professional things was 14 with them, but I do know one thing, they have 15 yet to been found guilty of the copyright 16 infringement. It's a pending case and the 17 students are the ones suffering for it. And 18 I do not have the data to defend myself the 19 way I would like to defend myself. If you 20 would have shown me, listen, you're 21 stratified straight across the board, you 22 were faster here, not faster here, or even 23 show me the questions then I would have no 24 problem either saying, yeah, you know what,</p>	<p>1 these questions I did better on or these 2 questions I did worse on based on the facts. 3 Unfortunately, I can only give 4 you what I find to be the reasoning as to 5 there's a discrepancy. And to me maybe the 6 expose that they claim is all psych and maybe 7 the unexposed is all infectious disease and 8 micro. Without the actual documentation from 9 you I can't give you a firm reason, but I can 10 give you one firm reason and that is my 11 OB/GYN improved because I had the lectures 12 and I had students there who knew their 13 OB/GYN. My score reports from the past 14 four -- four exams will all show that my 15 predominately improvement was OB/GYN and the 16 fact I had a 182/74 on my last test just by 17 improving OB/GYN a little bit would have 18 crossed me over to the pass. 19 I will just see if there's 20 anything else I wanted to add. Oh, the other 21 thing I had -- wanted to just say was this 22 whole -- this whole thing about the score 23 validity, about students who went to Optima, 24 if this whole process is about verifying</p>

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<p>1 whether or not students are actually 2 qualified to practice medicine then it should 3 have been just a blanket statement, if you 4 went to Optima University you must come in, 5 you must retake the exam, let's leave it at 6 that. Students -- students who -- who -- 7 there are students who failed multiple times 8 and jumped into 90s who were told they don't 9 have to validate and there are students -- 10 they are students, and I can -- I can give 11 those names after off the record, that's not 12 a problem, there are students who wind up 13 jumping a little bit, have to validate one 14 and not another.</p> <p>15 So at the end of the day if 16 this is about you went to Optima, therefore, 17 you should validate if should be blanket. 18 And if it's about whether or not you're 19 qualified to practice to be a student -- 20 qualified to practice medicine, there are 21 students who went to Optima who are in 22 residency today that I know, either 23 Ms. Carson, or Ms. Deitch, or Trish Weaver, 24 they all know who they are. They've asked</p>	<p>1 other students about them. They're 2 practicing in residency today and they've yet 3 to be called into validate themselves and 4 they are actively treating patients.</p> <p>5 So is this really about score 6 validity and -- and making sure that a person 7 is qualified or is this about just hand- 8 picking certain people and making them come 9 here and sit here? Because I find that it's 10 very unfair that we don't have a blanket 11 statement. And it's not that hard. There's 12 an ECFMG bulletin that goes out about certain 13 things. They just sent one out about score 14 -- the price of the exams going up. There 15 was -- when Optima was sued in March they 16 came out with a statement on the web site and 17 then later there was a web site two months 18 later saying that anyone who went there might 19 have a delay.</p> <p>20 So if you have the avenue to 21 get everyone in here then why isn't it being 22 done if it's -- this is the reason that we're 23 all meeting today? And on top of that, too, 24 I was told that people are giving</p>
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<p>1 information -- people are giving information 2 about me, about other students. When 3 asked -- and I asked Ms. Carson is everyone 4 going to be brought in. She said those who 5 failed at Optima will not be, those who may 6 have taken the test and passed but there was 7 no aberration may not be, and those who did 8 better on the unexposed versus the exposed 9 may not have to come in either. But each 10 person is different. If the fact here that 11 we went to Optima, we had access to questions 12 supposedly or allegedly then we should all be 13 sitting here. And for that one reason I find 14 that if the Committee is going to do this the 15 right way that has to be understood.</p> <p>16 Now, I have no problem 17 validating my exam in terms of -- I know I 18 passed this exam by my own merit. Till this 19 day I swear to that and till this day I will 20 stand by that. OB/GYN was my weakest. That 21 has improved. It's not my strongest by far, 22 it's -- but it improved from a star on the 23 left to the middle and that's what crossed me 24 over to the pass side. And I told you the</p>	<p>1 environment is something that was very -- 2 and -- and I can vouch for the environment 3 because I started studying with other 4 students. I got other students who failed 5 multiple times to pass by studying with me in 6 an environment where they just sat there and 7 just studied all day, 16 hours, and they all 8 passed after multiple fails.</p> <p>9 So it's not about his bank. 10 It's not about his course. It was about the 11 environment that was there. It's about the 12 students who was helping each other and it 13 was just about getting this done (sic).</p> <p>14 So with that said that's all I 15 can say. I cannot -- like I said, without 16 the -- the actual data in front of me, the 17 actual type of questions, or the actual extra 18 stratification of the exposed versus the 19 exposed I cannot give you a point on point 20 this is way this and this is why that, but I 21 can tell you that I was there for four- 22 and-a-half weeks minimally because of the 23 holidays (sic). I was there from 7 in the 24 morning till 10 o'clock. I was out during</p>

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<p>1 Thanksgiving weekend. I was out -- my 2 birthday falls around there, too, so I was 3 out for my birthday as well. Right around 4 Christmastime I was out for a day or two and 5 I had gastritis for about five to seven days, 6 so I was out for a whole week at that time, 7 too.</p> <p>8 So all that can be verified by 9 talking to any student who -- who was there 10 at the time. And I had no exposure to 11 anything else. All I know is I came in. He 12 gave us a bank. I sat with a friend of 13 mine. All we did was study back and forth. 14 We went over the material, we went through 15 stuff. His lectures on OB/GYN were perfect 16 and -- if you ask any student who sits here 17 which is his best lecture, OB/GYN by far. 18 And that's for Step 1 and Step 2. And that's 19 all I can say in my defense. I cannot really 20 say too much more.</p> <p>21 DR. LANKFORD: What are you 22 doing right now?</p> <p>23 DR. THOMAS: Right now because 24 of this whole situation -- oh, that -- that</p>	<p>1 was the other thing. In -- in January of 2 2009 I did call Ms. Deitch's office and -- 3 because I had gotten the message that I 4 should. Instead of her calling me back she 5 had Trish Weaver call me back. Trish Weaver 6 told me that there was no reason for me to be 7 calling. I told her that I went to Optima, 8 is there a reason because of that? She said, 9 no, don't worry. I signed up for my Step 3 10 in June, late June or July. As soon as I 11 sent my Step 3 date is when I get the call, 12 oh, you need -- your score is going to be up 13 for score validity.</p> <p>14 DR. LANKFORD: But what are you 15 doing now?</p> <p>16 DR. THOMAS: Right now what I'm 17 doing is I'm working for the City of New York 18 in corporate compliance. I'm an assistant 19 for the CCO over there. They handle research 20 underneath -- underneath the compliance 21 division, so I help in compliance as well as 22 research.</p> <p>23 DR. WHELAN: Let me respond to 24 a few of the things you said.</p>
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<p>1 DR. THOMAS: Sure.</p> <p>2 DR. WHELAN: Because you raised 3 a number of issues.</p> <p>4 DR. THOMAS: Sure. No problem, 5 sir.</p> <p>6 DR. WHELAN: You referenced a 7 concern about people who were coming out of 8 the exam and giving information to 9 other organizations. That would not be an 10 issue of score validity. That would be -- if 11 depending on the nature of the information 12 they gave it would be irregular behavior.</p> <p>13 DR. THOMAS: That's fine.</p> <p>14 DR. WHELAN: And in cases where 15 we've documented that they have been brought 16 before the appropriate committee, which is 17 not this committee. That's the CIB 18 committee.</p> <p>19 DR. THOMAS: Okay.</p> <p>20 DR. WHELAN: And have been 21 dealt with. Some of those people have been 22 sanctioned. You also made mention about the 23 status of the case, the legal case against 24 Optima that hasn't been resolved.</p>	<p>1 DR. THOMAS: Yes.</p> <p>2 DR. WHELAN: Whether or not 3 it's resolved is some what moot as opposed to 4 the fact that we know, we have -- the 5 confiscated files represent actual test 6 data. So we know that it's there. Whether 7 we can prove him legally guilty for 8 compromising that is still a process.</p> <p>9 DR. THOMAS: Okay. Can I just 10 rebut to that then? The two problems I have 11 with that -- whether or not you have the 12 information or not is one. You don't know if 13 I had access to that at the time before for 14 my exam. I took the exam -- I'm early. 15 2007. It's almost two years ago, two years 16 ago and two weeks.</p> <p>17 DR. WHELAN: I'm going to come 18 back to that.</p> <p>19 DR. THOMAS: Okay. So -- so 20 there's a discrepancy there as to whether or 21 not -- he may have had the access, but you 22 don't know that it was in the bank and you 23 don't know that I saw it because I was there 24 at the -- the time period I was there,</p>

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<p>1 because he started in March of '07, if I'm 2 not mistaken. Within nine months he was 3 focused on Step 1. He had a very skeletal 4 Step 2 bank. And unless you can reproduce 5 the -- the Step 2 bank itself it's very hard 6 to say without a shadow of doubt that just 7 because he had access to the forms that I 8 had. 9 Second, if NBME did have 10 knowledge that he had certain forms those 11 forms should have been pulled. Those form 12 questions should never have gone out on the 13 test questions, because I was told by 14 Ms. Carson that we know the forms he had 15 access to, and they were prior to 2007, is 16 what she told me. And for me if you know 17 that he had certain forms why were they not 18 pulled as soon as you knew. In -- in 19 pharmacy a couple of years ago there was a 20 doctor at St. John's who was getting students 21 to give him questions. As soon as that was 22 brought to the pharmacy board they stopped 23 all test taking from November till February, 24 took all the questions out and redid the</p>	<p>1 test. No one was allowed to take it. It's 2 kind of the similar situation. 3 MS. CARSON: If I might 4 clarify, Dr. Thomas. 5 DR. THOMAS: Yes. 6 MS. CARSON: I referred to the 7 fact the analyses for you were based on the 8 forms of the exam exposed before you tested. 9 I did not identify the point in time in which 10 we learned of those exposures. 11 DR. THOMAS: Okay. But again 12 -- 13 MS. CARSON: There's a 14 difference. 15 DR. THOMAS: But again, when I 16 asked for clarification you wouldn't give me 17 here nor there, so for me to sit here without 18 full knowledge I have to say what I feel is 19 relevant and not relevant. Whether or not 20 there's other pertinent information that you 21 guys are privy to that I'm not that's for you 22 guys to decide once you're together, but me 23 sitting here I have to bring forward all my 24 questions and all my theories behind how</p>
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<p>1 unfair this whole -- whole score validity 2 thing is, because again, less than ten 3 percent are questions that I can say that 4 looked similar to me. All the rest of them 5 were questions that I had to sit and think 6 about. So I cannot say whether or not those 7 forms were brought in after January when he 8 updated his bank and added 700 questions come 9 March. But I wasn't a student then. I had 10 already taken my exam. 11 MS. CARSON: How did you know 12 that then? 13 DR. THOMAS: That's irrelevant 14 right now because I wasn't a student at that 15 point. And I have friends who were still 16 there. 17 MS. DEITCH: Were you there 18 when the FBI came in? 19 DR. THOMAS: Yes, I was, but 20 not as -- 21 MS. DEITCH: So that was in May 22 of 2008. 23 DR. THOMAS: 2008. 24 MS. DEITCH: You were already</p>	<p>1 done the Step 2 test? 2 DR. THOMAS: I was already 3 done. Yes, I was. 4 DR. CASEY: Why were you there 5 in 2008 when you took Step 2 in December of 6 '07? 7 DR. THOMAS: Well, there's two 8 reasons for that. One is that I was employed 9 there as a -- as a -- I was helping him, 10 helping him at Optima. At this time there 11 was nothing that was going on with this 12 case. There was no information privy as to 13 he was under investigation for anything. And 14 second, my girlfriend was there. She was 15 still studying at the time. And also I had 16 friends there. So it's not like I moved out 17 there. I live in Staten Island and they're 18 relatively close. 19 DR. CASEY: This is when they 20 were in New Jersey? 21 DR. THOMAS: In New Jersey. 22 When he went to Tennessee I did not go with 23 him there. 24 DR. CASEY: And what was your</p>

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<p>1 job?</p> <p>2 DR. THOMAS: I was just taking</p> <p>3 care of students when they came in,</p> <p>4 registering them, telling them what to do,</p> <p>5 giving them the -- that is where you're</p> <p>6 supposed -- this is your cubicle. I had</p> <p>7 nothing to do with the material, or teaching,</p> <p>8 or anything.</p> <p>9 DR. WHELAN: The last general</p> <p>10 comment that I'd respond to you. You said</p> <p>11 either we should just invalidate anybody who</p> <p>12 had anything to do with Optima or just bring</p> <p>13 everybody in. And the whole purpose of the</p> <p>14 fact that there's a committee here is that</p> <p>15 we're not using just the statistical</p> <p>16 analysis. If that were the case we would put</p> <p>17 it into a computer and send out letters to</p> <p>18 people.</p> <p>19 DR. THOMAS: I understand.</p> <p>20 DR. WHELAN: But we understand</p> <p>21 there are different circumstances. And</p> <p>22 you're raising some that we're going to</p> <p>23 seriously consider --</p> <p>24 DR. THOMAS: Okay.</p>	<p>1 DR. WHELAN: -- to explain the</p> <p>2 variance in performance. So that's the</p> <p>3 reason we're going through a very laborious</p> <p>4 process, spending a lot of time to try to do</p> <p>5 this as fairly as possible.</p> <p>6 DR. THOMAS: I understand that,</p> <p>7 sir. The only problem I have with that is if</p> <p>8 the whole point of this is that the USMLE --</p> <p>9 and according to the -- the bulletin, just so</p> <p>10 I can quote it you, on the -- on the</p> <p>11 paperwork that was filed with the court "The</p> <p>12 USMLE examination is integral to each state's</p> <p>13 effort to ensure that only competent and</p> <p>14 qualified individuals are licensed to</p> <p>15 practice medicine." If there is a question</p> <p>16 of score validity for any student who went</p> <p>17 through Optima and there are Optima students</p> <p>18 who are in residency today practicing on</p> <p>19 individuals, meaning actual treating them, it</p> <p>20 would be imperative that they would be the</p> <p>21 first ones called to sit in this chair today</p> <p>22 and say this is your score.</p> <p>23 DR. WHELAN: No, that would not</p> <p>24 be the criteria. The criteria would be them</p>
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<p>1 demonstrating --</p> <p>2 DR. THOMAS: They're</p> <p>3 performance -- I know by fact the performance</p> <p>4 on a handful of those doctors who failed</p> <p>5 before they came to Optima and wind up in the</p> <p>6 90s, so jumping up 20 plus points. If that's</p> <p>7 not an indicator -- indication that they</p> <p>8 should have been -- had an analysis done then</p> <p>9 we have an issue when I just jump from a 74</p> <p>10 to an 86.</p> <p>11 MS. CARSON: Any individual is</p> <p>12 free to share with us information that --</p> <p>13 DR. THOMAS: I understand that,</p> <p>14 but I have to --</p> <p>15 MS. CARSON: -- available to</p> <p>16 us.</p> <p>17 DR. WHELAN: I first want to</p> <p>18 sit here and figure -- figure out what's</p> <p>19 going to happen with me before I start</p> <p>20 whistle-blowing on other people. I think</p> <p>21 this is -- whether giving my information or</p> <p>22 not should be totally separate from here.</p> <p>23 And to this point, no one has asked me which</p> <p>24 students have gone there, which students have</p>	<p>1 not. I mean obviously Ms. Carson and</p> <p>2 Mr. Deitch know that I was working there. It</p> <p>3 was brought up to me in a conversation with</p> <p>4 Ms. Carson. But again, that's total</p> <p>5 irrelevant to whether or not my score is</p> <p>6 valid because it was post exam. So -- so</p> <p>7 they've -- they've never asked me, you know,</p> <p>8 do you know a list of students, do you know</p> <p>9 anything? They've never asked me that. But</p> <p>10 they have knowledge that I did work there.</p> <p>11 So when that situation comes up we'll deal</p> <p>12 with it there. For me personally right now</p> <p>13 if this was about validating people who went</p> <p>14 to Optima, and they are people who went there</p> <p>15 who are practicing, I would think that they</p> <p>16 should be sharing a seat here just as I am</p> <p>17 here today. It should not make a difference</p> <p>18 whether or not -- I'm not in residency now.</p> <p>19 That's just -- just a personal opinion. I</p> <p>20 mean you guys take from that what you will,</p> <p>21 but I just -- you know, the scope of this is</p> <p>22 we're being told this is being done to</p> <p>23 validate scores so that we know that your</p> <p>24 eligible or you're qualified to practice, yet</p>

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<p>1 people who also were sitting with us in our 2 cubicles at the center are practicing today 3 and to say that they're -- because they're 4 already practicing they're qualified and 5 because we're not and we took the same 6 course, the same test, the same everything, 7 you know, there's -- there's a tint of 8 discrimination there in terms of, well, 9 you're already there or you're no, so let's 10 go after you first instead of leave them for 11 later. And -- 12 MR. SEELING: Doctor, let me 13 change the direction. You're obviously 14 ECFMG certified -- 15 DR. THOMAS: Yes, I am 16 MR. SEELING: -- and registered 17 for Step 3. Step 2 CK, what was your passing 18 score and how many attempts did you have 19 before you passed? 20 DR. THOMAS: On my sixth 21 attempt, so I had five attempt before. My 22 scores -- 23 MS. DEITCH: They're in your 24 books.</p>	<p>1 DR. THOMAS: They're in the 2 books. The first time I took it I totally 3 was not ready for it. I just took it because 4 I had paid for it. And then consecutively I 5 jumped from a 161 to a 172. That was over a 6 year-and-a-half later. 7 MR. SEELING: I'm sorry. I'm 8 asking about Step 1. 9 DR. THOMAS: Oh, Step 1. 10 MR. SEELING: I apologize. I'm 11 asking about your Step 1 testing experience. 12 DR. THOMAS: Step 1 -- Step 1 I 13 actually failed it multiple times as well. 14 I'm not a test taker. I had a 100 point 15 something GPA in high school and I couldn't 16 even break a 1200 on my SATs. I've never 17 been a test taker. Standardized testing and 18 theory testing in class is totally two 19 different things for me. 20 MS. CARSON: I believe the exam 21 records shows a passing score of 184/75 on 22 the seventh attempt. 23 DR. THOMAS: Seventh attempt. 24 DR. WHELAN: Your comments</p>
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<p>1 about the fact that it was a skeletal -- 2 DR. THOMAS: Program. 3 DR. WHELAN: -- program with 4 respect to CK and that there was an infusion 5 of test items in March of -- 6 DR. THOMAS: '08. 7 DR. WHELAN: -- '08, is that 8 based on your experience working there and 9 having -- 10 DR. THOMAS: Well, when I was 11 there -- like I said, I only came in for a 12 couple hours during -- during the week. It 13 was usually every other day or every three 14 days depending on the week. And -- and when 15 he was away then he would have me come in 16 more days. Students were there. And 17 students told me, well, we got new questions, 18 you know, are they supposed to be good? I 19 said, listen, do what he tells you to do. I 20 don't give the instructions as to what you're 21 supposed to do. He said there are updates. 22 They were told they were updated to the -- to 23 the students. I have no access at that point 24 to questions. I don't have question bank</p>	<p>1 access. I'm just there. A new student comes 2 in, get his name, tell him this is where 3 you're going to sit, this is what you're 4 supposed to do, this is access to the bank, 5 once you get into the bank do 100 questions a 6 day, make sure you cover the same questions 7 each day until you get 100 new questions. 8 And I instructed them on what the -- what the 9 game plan is going forward. In terms of the 10 material that came in or not, I don't know. 11 That's why I cannot -- still cannot say 12 what -- what kind of questions they are or 13 whether they're questions that came on my 14 test, because again, I don't even know which 15 questions on my test are being claimed to 16 have been from his bank, so -- 17 DR. CASEY: Just to clarify 18 timing. Are you currently enrolled as a 19 student anywhere? 20 DR. THOMAS: No, right now I'm 21 working in the City of New York. 22 DR. CASEY: Right. You've gone 23 to Ross and St. Matthew's and 24 St. Christopher's?</p>

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<p>1 DR. THOMAS: St. Christopher's 2 I graduated in '03. 3 DR. CASEY: Did you -- 4 DR. THOMAS: I graduated in 5 2003, yes. 6 MR. SEELING: Your diploma is 7 from St. Chris? 8 DR. THOMAS: St. Christopher's, 9 yes. 10 DR. CASEY: And why did you not 11 attempt Step 3 shortly after -- 12 DR. THOMAS: After Step 2? 13 DR. CASEY: Yeah. I mean you 14 thought you passed. Did you apply for 15 residency? 16 DR. THOMAS: What happened 17 was -- obviously match is about two months 18 after that. So the January, February time I 19 was getting all my paperwork together. I 20 went through the scramble in March of 2008, 21 did not get any interviews, couldn't even get 22 through on the phone to anybody. Then you 23 have that post scramble period whether you're 24 still trying to make connections, so I was</p>	<p>1 making phone calls. The summer came around. 2 I wound up getting sidetracked with other 3 things. And then -- the long story short is 4 that I put it off. I put it off at that 5 point because the scramble itself is so 6 discouraging in terms of not even getting a 7 call back, not even getting through, that I 8 wasn't sure what I was going to do. Again, I 9 started studying for Step 3. And this year I 10 thought I was going to be ready. I 11 registered for it in June, because I wasn't 12 about to fail Step 3 like I did with 1 and 2. 13 Everyone told me you must pass Step 3 first 14 attempt. January of this year actually I was 15 doing observership in Staten Island in psych 16 and I was studying for my Step 3 concurrently 17 and as soon as I registered for Step 3 that's 18 when I got the letter sent. 19 MR. SEELING: Doctor, are you 20 participating in the 2010 ERAS? 21 DR. THOMAS: I could not 22 because of this whole -- my scores were not 23 going to be -- they weren't going to be 24 released to anybody, so I couldn't do</p>
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<p>1 anything. I couldn't apply and waste \$3,000 2 on it, you know. 3 MS. CARSON: I'm curious. As I 4 gathered from the applications you submitted 5 you attended Ross from 1999 -- 6 DR. THOMAS: To 2000. 7 MS. CARSON: -- to 2000. And 8 then St. Matthew's from 2000 to 2001. 9 DR. THOMAS: That's correct. 10 MS. CARSON: And then 11 St. Christopher's from 2002 to 2003. 12 DR. THOMAS: 2003. That's 13 correct. 14 MS. CARSON: Can you give us a 15 little information about that? 16 DR. THOMAS: Basically in 17 November of 2000 -- when did I leave Ross? 18 2000? 19 MS. CARSON: It looks like 20 August of 2000. 21 DR. THOMAS: August of 2000. 22 So earlier in 2000 I had actually gotten -- I 23 hurt my back. In March of 2000 I hurt my 24 back lifting something and I had two</p>	<p>1 herniated discs. Ross University is in Port 2 Smith, Dominica and the nearest hospital that 3 has any physical therapy is in Roseau, which 4 is about an hour-and-a-half away. The road 5 from there to there is like any island is 6 very bumpy, which didn't do any better. I go 7 get the treatment and come back and it was a 8 mess. So in September of 2000 after I 9 finished my second semester there I had the 10 opportunity to transfer to St. Matthew's, 11 which I did. St. Matthew's, I finished my 12 semesters over there. They had the big 13 hurricane where we got transferred over to 14 Orlando. After Orlando we went to Maine. I 15 finished my basic sciences in Maine. I went 16 to England for three months to do my clinical 17 rotations. That's when 9/11 happened. So I 18 was actually in Manchester, England when 9/11 19 happened here. My entire family is from 20 downtown New York. My dad works downtown. 21 My sister went to NYU. So for me for -- for 22 a period of couple of days I couldn't even 23 get in touch with them. St. Christopher's 24 found me in Manchester and said, listen, if</p>

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<p>1 you want to transfer to us -- at that time 2 St. Matthew's was going there a whole 3 problem. This is when they were still in 4 Belize, so they were going through a whole 5 takeover process in terms of Dr. Thornton and 6 I forget -- the Serslands. They were 7 fighting for control. And St. Christopher's 8 is actually a new and upcoming thing under 9 Dr. Leoni. Dr. Leoni called me and said, 10 listen, if you transfer to us we'll put you 11 back in New York next month. For me it 12 was -- it was an easy. St. Matthew's was 13 having -- I mean people with military guns 14 were coming on the campus. I didn't know 15 which way they were going to go. So I took 16 the transfer, came back to the -- to the -- 17 came back to the states, started my rotations 18 in Atlanta, came back up, did my rotations in 19 Connecticut for a full period and then went 20 to North Port and finished up my clinical 21 rotations. 22 MR. SEELING: So you never went 23 to Senegal? 24 DR. THOMAS: I never went to</p>	<p>1 Senegal. Actual their charter -- their 2 satellite school is in Luten, England for the 3 basic sciences. So that's the school we went 4 through. 5 MR. SEELING: Right. In Luten. 6 DR. THOMAS: In Luten. And 7 since then St. Christophers actually went 8 downwards and St. Matthew's moved to the 9 Caymans and has probably become the number 10 three or number four school. So it was just 11 ironic the way it happened. Yeah, it's a 12 whole -- I mean ECFMG would know better about 13 the history on that end, but -- so I had 14 justified reasons for transferring. It 15 wasn't because I failed out of any of them. 16 I transferred because I made choices in my 17 life that I felt were the best choices for my 18 situation at the time. And I have copies 19 of -- except for my first semester in -- in 20 Dominica, which was my break out of my shell 21 semester where I was goofing off too much 22 every other semester I have my scores, high 23 passes in my -- in my rotations, high passes 24 in my pathology and clinicals.</p>
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<p>1 Like I said, my scores are 2 fine, but I'm not a test taker. And I have 3 all those original documents with me if you 4 need them. 5 DR. WHELAN: Let me just ask 6 you one last question about your time at 7 Optima -- 8 DR. THOMAS: Yes, sir. 9 DR. WHELAN: -- as a student. 10 DR. THOMAS: Yes. 11 DR. WHELAN: Did I understand 12 you to say that were maintaining that you 13 primarily spent your time on OB/GYN? 14 DR. THOMAS: No, I covered all 15 the material because, you know, I'm still 16 studying for the test, but my weakest by far, 17 and I knew that based on my last two scores, 18 was OB/GYN. OB/GYN was just a topic I could 19 not understand. Like I could -- I can break 20 down the -- the stages of labor, but when put 21 into question form I was missing certain 22 things. So me and my friend, actually we did 23 USMLEWorld together as well. We wrote down 24 questions. And he told me, listen, these are</p>	<p>1 certain areas that will tell you why you need 2 to think, like stop over analyzing, stop 3 doing that. 4 DR. WHELAN: Were there OB/GYN 5 questions in Optima test bank? 6 DR. THOMAS: I believe, yes. 7 There were questions for all -- all things, 8 all -- all areas across the board were 9 scattered in -- in his bank. 10 MS. DEITCH: Dr. Thomas, first 11 of all, I can tell you're frustrated and I 12 emphasize with you. I want to address your 13 feeling of the fairness of all of this and 14 why some people have not been called in. 15 DR. THOMAS: Sure. 16 MS. DEITCH: The charge of this 17 committee is to make a decision about whether 18 the pass/fail is accurate. 19 DR. THOMAS: Okay. 20 MS. DEITCH: If an individual 21 that we know went to Optima, took an exam, 22 let's say they ten percent exposure, we look 23 at their performance and we say, well, what 24 if they missed every single one of these</p>

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<p>1 exposed questions, who they still have 2 passed? If the answer to that is yes, why 3 would we bring them here? 4 DR. THOMAS: If -- if ten 5 percent? 6 MS. DEITCH: If every question 7 we believe was exposed at Optima, we said 8 let's just assume they failed, they would 9 have failed them anyway, those questions, 10 they were all failures and they passed 11 anyway, should they be here for the validity 12 of their pass/fail? 13 DR. THOMAS: If the cornerstone 14 of this is the fact that they went to Optima 15 and they had access to exposed questions they 16 should still be here. 17 MS. DEITCH: But that's not the 18 cornerstone. The cornerstone is whether we 19 have a valid pass. 20 DR. THOMAS: Well, if you gave 21 me -- if you gave me the pass score according 22 to bulletin every single -- okay. Let's put 23 it this way. The only reason why my score -- 24 my exam was even checked was because I went</p>	<p>1 to Optima. Yes? 2 MS. DEITCH: Yes. 3 DR. THOMAS: So the cornerstone 4 goes back to it is because I went to Optima. 5 MS. DEITCH: Well, it's Optima 6 pluses. 7 DR. THOMAS: So then the 8 question is have you done an analysis on 9 every single student who went to Optima? 10 MS. DEITCH: That we know of. 11 DR. THOMAS: That you know of, 12 but one blanket statement on your web site 13 will say every student who went there must 14 send themselves in to have their scores 15 validated or to have their scores analyzed is 16 all you have to do. And that's just -- 17 that's just across the board. For me it's 18 about me sitting here. I know I passed 19 because I passed. And I have a 66 percent on 20 my unexposed, so if you take that 66 against 21 the -- put that against the exposed as well 22 it still would have been a passing score, 23 because -- 24 MS. CARSON: We do want to stay</p>
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<p>1 focused. Each case is idiosyncratic. But I 2 think it's important to stay focused on your 3 case. 4 DR. THOMAS: Yeah. So if you 5 take the 66 percent of my unexposed I still 6 would have been at the 75 pass rate. And 7 I've done that by just -- just -- 65 percent 8 is usually what people say is a pass. Now I 9 don't know what the -- the hallmark rule is 10 for the NBME. Is it 66 or 67 or you need two 11 thirds? I don't know how it is, but my 12 assumption would be that 66 percent seems to 13 be a high enough number to at least get to 75 14 and say that I passed the exam. I mean that 15 would be my personal opinion. You guys would 16 know better. But I mean for me -- like I 17 said, again, there's two issues for me. One 18 is the fact that I know I passed because I 19 sat there and I changed the way I studied. 20 There was no AOL on-line, there was no MSN 21 chat when I was studying, there was no 22 nothing. It was just me in front of books 23 and material studying for 12 to 16, 17 hours 24 a day. And that's all it was for four-</p>	<p>1 and-a-half weeks. And on the flip side of 2 that is if -- if I'm going through this 3 because I went to Optima I just think it's 4 only fair and right that every student who 5 went to there should be seating in this seat 6 as well. And that's just my two issues. I 7 mean like I said, one has nothing to do with 8 the other, but I think me sitting here today 9 I should bring that up to the Committee 10 because obviously you guys are determining 11 the score validity across the board. So for 12 me that is an issue. 13 MR. SEELING: Doctor, I think 14 we understand your position. 15 DR. THOMAS: Yes. 16 DR. WHELAN: All right. Are 17 there any other questions? Any final 18 comments? 19 DR. THOMAS: No. I mean like I 20 said to you, look at my score reports. 21 Successively the last four exams, 172/71, 22 174/71, 182/74, 206/85, and each successive 23 one I did improve. I wasn't at Optima when I 24 improved on each one, even when I jumped from</p>

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<p>1 174 to 182. I wasn't at a course like that. 2 I was just studying. My weakness was 3 OB/GYN. If you look at my score report the 4 break-down you'll see, OB/GYN star, star. It 5 went up. That up would have already got the 6 180/75 I needed to pass. And at this point 7 in time that's all I'm asking. Now if I have 8 to validate I just hope that you guys can 9 make a decision. Let me know soon so that I 10 can study because I want to take 2 and take 3 11 and try to do some observerships and try to 12 get into residency. That's all. 13 DR. WHELAN: All right. Well, 14 thank you. 15 DR. THOMAS: Thank you very 16 much everyone for your time. 17 (Whereupon, the inquiry 18 concluded at 2:52 p.m.) 19 20 21 22 23 24</p>	<p>1 CERTIFICATION 2 I, Joseph P. Dromgoole, 3 Professional Reporter and Notary Public for 4 the State of Pennsylvania, do hereby certify 5 the forgoing to be a true and accurate 6 transcript of my original stenographic notes 7 taken at the time and place hereinbefore set 8 forth. 9 10 11 Joseph P. Dromgoole 12 Professional Court Reporter 13 Notary Public 14 (My commission expires June 15 of 2010) 16 Date: _____ 17 18 (The foregoing certification of 19 this transcript does not apply to any 20 reproduction of the same by any means, unless 21 under the direct control and/or supervision 22 of the certifying reporter.) 23 24</p>

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